

<i>SERFF Tracking Number:</i>	<i>PHAR-125267350</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025851</i>
<i>Company Tracking Number:</i>	<i>AR-PIM-01-08-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Personal Inland Marine Form and Rule Filing</i>		
<i>Project Name/Number:</i>	<i>File to use AAIS' dec pages and PhMIC schedule pages/</i>		

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Personal Inland Marine Form and Rule Filing SERFF Tr Num: PHAR-125267350 State: Arkansas

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-025851

Sub-TOI: 09.0006 Other Personal Inland Marine Co Tr Num: AR-PIM-01-08-F State Status:

Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Lori Stokes

Date Submitted: 08/21/2007

Disposition Date: 08/22/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):
01/01/2008

General Information

Project Name: File to use AAIS' dec pages and PhMIC schedule pages Status of Filing in Domicile:

Project Number: Domicile Status Comments:

Reference Organization: AAIS Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 08/22/2007

State Status Changed: 08/21/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pharmacists Mutual Insurance Company is a member of AAIS for our Personal Inland Marine program. The purpose of this filing is to file for your review and approval our declaration and schedule pages we would like to use for this program.

We would like to begin using the new pages effective for all policies on and after January 1, 2008.

SERFF Tracking Number: PHAR-125267350 State: Arkansas
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Company and Contact

Filing Contact Information

Lori Stokes,
PO Box 370 (800) 247-5930 [Phone]
Algona, IA 50511 () -[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
808 Highway 18 West Group Code: 775 Company Type: Mutual
P.O. Box 370
Algona, IA 50511 Group Name: State ID Number:
(800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
Fee Amount: \$170.00
Retaliatory? No
Fee Explanation: \$50/independent forms (PM 1554, PM 1555 and PM 1556)
\$20/AAIS' forms (PM 0050 and PM 0051)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$170.00	08/21/2007	15211601

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/22/2007	08/22/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Reference Filing number	Supporting Document	Lori Stokes	08/21/2007	08/21/2007

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Disposition

Disposition Date: 08/22/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Product Name: Personal Inland Marine Form and Rule Filing

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Reference Filing number	Approved	Yes
Form	Inland Marine Declarations	Approved	Yes
Form	Supplemental Declarations - Personal Articles Coverage	Approved	Yes
Form	Personal Articles Schedule - Fine Arts	Approved	Yes
Form	Personal Articles Schedule - Jewelry	Approved	Yes
Form	Personal Articles Schedule	Approved	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 08/21/2007

Comments:

I forgot to include AAIS reference filing number, AAIS-2006-31F and state file number AR-PC-06-020741.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Reference Filing number

Comment: I forgot to include AAIS reference filing number, AAIS-2006-31F and state file number AR-PC-06-020741.

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Product Name: Personal Inland Marine Form and Rule Filing

Project Name/Number: File to use AAIS' dec pages and PhMIC schedule pages/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Inland Marine Declarations	PM 0050	02 06	Declaration New s/Schedule		0.00	PM 0050 02 06.pdf
Approved	Supplemental Declarations - Personal Articles Coverage	PM 0051	02 06	Declaration New s/Schedule		0.00	PM 0051 02 06.pdf
Approved	Personal Articles Schedule - Fine Arts	PM 1554	01-08	Declaration New s/Schedule		0.00	PM 1554 01-08.pdf
Approved	Personal Articles Schedule - Jewelry	PM 1555	01-08	Declaration New s/Schedule		0.00	PM 1555 01-08.pdf
Approved	Personal Articles Schedule	PM 1556	01-08	Declaration New s/Schedule		0.00	PM 1556 01-08.pdf

INLAND MARINE -- DECLARATIONS

POLICY NUMBER _____

COMPANY NAME _____

PRODUCER NAME AND NUMBER _____

NAME OF INSURED _____

MAILING ADDRESS _____

LOCATION OF RESIDENCE IF OTHER THAN MAILING ADDRESS

POLICY PERIOD: From _____ To _____

☐ 12:01 a.m. Standard Time at the Described Location

☐ 12:00 noon Standard Time at the Described Location

IN RETURN FOR YOUR PAYMENT OF THE PREMIUM, WE PROVIDE THE
INSURANCE AS DESCRIBED IN THIS POLICY.

LOSS PAYABLE NAME AND MAILING ADDRESS (List Property Below)

PROPERTY _____

Coverage Parts that apply to this Policy	Endorsements that apply for each Coverage Part	Endorsements that apply to all coverage parts

PREMIUM \$ _____ PAYABLE _____

COUNTERSIGNATURE _____
(Authorized Representative)

Company Officer's Signature

DATE _____

SUPPLEMENTAL DECLARATIONS PERSONAL ARTICLES COVERAGE

(The entries required to complete this schedule
will be shown below or on the "declarations".)

COVERED PROPERTY

Enter the total amount of insurance for each class in which personal articles are scheduled on a Personal Articles Schedule. If applicable, enter a limit of insurance to provide coverage on an unscheduled (blanket) basis for a personal articles class listed below.

	Scheduled Personal Articles Total Amount of Insurance	Unscheduled Personal Articles Blanket Limit	Type
Bicycles	\$ _____	\$ _____	<u>Misc. Equipment</u>
Cameras	\$ _____	\$ _____	_____

Coin Collections	\$ _____	\$ _____	_____
		Maximum - \$1,000 any one unscheduled coin collection or \$250 any one unscheduled coin	
Fine Arts	\$ _____	\$ _____	_____

Furs	\$ _____	Not applicable	
Golf Equipment	\$ _____	\$ _____	_____
Jewelry	\$ _____	Not applicable	
Musical Instruments	\$ _____	\$ _____	_____
Silverware	\$ _____	\$ _____	_____
Stamps	\$ _____	\$ _____	_____
		Maximum - \$250 any one unscheduled stamp	

Subject to a maximum limit of \$500 for any one unscheduled item: ☐ Bicycles ☐ Cameras
☐ Fine Arts ☐ Golf Equipment ☐ Musical Instruments ☐ Silverware

For a description of scheduled personal articles:

- ☐ Refer To **Personal Articles Schedule**
- ☐ Refer To **Personal Articles Schedule - Jewelry**
- ☐ Refer To **Personal Articles Schedule - Fine Arts**

	Deductible
Bicycles	\$ _____
Cameras	\$ _____
Coin Collections	Not applicable
Fine Arts	\$ _____
Furs	Not applicable
Golf Equipment	\$ _____
Jewelry	\$ _____
Musical Instruments	\$ _____
Silverware	Not applicable
Stamps	Not applicable

Fine Arts Location(s)

1. _____
2. _____
3. _____

COVERAGE EXTENSIONS

	Limit
Newly Acquired Property (Fine Arts)	If Fine Arts are scheduled, 25% of the total amount of insurance Scheduled Fine Arts
Newly Acquired Property (Cameras, Musical Instruments, Jewelry And Furs)	If coverage is scheduled for an applicable class, the lesser of 25% of the total amount of insurance shown under Scheduled Personal Articles for that class or \$10,000

OPTIONAL COVERAGES AND PREMIUM CREDITS

Check if applicable

☐ **Safe/Vault Credit Coin Collections (only applies to scheduled property)**

☐ Safe or vault at "your" "residence"

☐ Safe or vault at bank or safe deposit company

Name: _____

Address: _____

☐ **Safe/Vault Credit Stamps (only applies to scheduled property)**

☐ Safe or vault at "your" "residence"

☐ Safe or vault at bank or safe deposit company

Name: _____

Address: _____

☐ **Vault Restriction And Credit (Jewelry)** - Also refer to Personal Articles Schedule.

Location of safe or vault

☐ **Named Perils Coverage (Musical Instruments)**

☐ **Breakage Coverage (Fine Arts) -**

For Scheduled Fine Arts, refer to Personal Articles Schedule - Fines Arts.

☐ Coverage Applies To Unscheduled Fine Arts.

☐ **Additional Person Insured For Ring (Jewelry)**

Named Person:

OPTIONAL ENDORSEMENTS

PM 0051 02 06

PERSONAL ARTICLES SCHEDULE FINE ARTS

(The entries required to complete this schedule
will be shown below or on the "declarations".)

SCHEDULED ARTICLES

Item # Description of Article

Limit \$ _____ ☐ Breakage Coverage Applies
Deductible \$ _____ ☐ Actual Cash Value

Item # Description of Article

Limit \$ _____ ☐ Breakage Coverage Applies
Deductible \$ _____ ☐ Actual Cash Value

Item # Description of Article

Limit \$ _____ ☐ Breakage Coverage Applies
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Item # Description of Article

Limit \$ _____ ☐ Breakage Coverage Applies
Deductible \$ _____ ☐ Actual Cash Value

PERSONAL ARTICLES SCHEDULE JEWELRY

(The entries required to complete this schedule
will be shown below or on the "declarations".)

SCHEDULED ARTICLES

Item # Description of Article

Limit \$ _____ ☐ Agreed Value Applies
Deductible \$ _____
☐ Vault Restriction And Credit Applies ☐ Gemprint Applies

Item # Description of Article

Limit \$ _____ ☐ Agreed Value Applies
Deductible \$ _____
☐ Vault Restriction And Credit Applies ☐ Gemprint Applies

Item # Description of Article

Limit \$ _____ ☐ Agreed Value Applies
Deductible \$ _____
☐ Vault Restriction And Credit Applies ☐ Gemprint Applies

Item # Description of Article

Limit \$ _____ ☐ Agreed Value Applies
Deductible \$ _____
☐ Vault Restriction And Credit Applies ☐ Gemprint Applies

PERSONAL ARTICLES SCHEDULE

(The entries required to complete this schedule
will be shown below or on the "declarations".)

SCHEDULED ARTICLES

Item # Description of Article

Limit \$ _____ [] Agreed Value Applies
Deductible \$ _____

Item # Description of Article

Limit \$ _____ [] Agreed Value Applies
Deductible \$ _____

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Limit \$ _____ [] Agreed Value Applies
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Item # Description of Article

Limit \$ _____ [] Agreed Value Applies
Deductible \$ _____

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/22/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

Satisfied -Name: Reference Filing number **Review Status:** Approved 08/22/2007

Comments:

I forgot to include AAIS reference filing number, AAIS-2006-31F and state file number AR-PC-06-020741.

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	